

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION			
OL.P.E. CLASSIFIER		57	1220
FORMALTY REVIEW	LCX	1034	3-22-01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 - \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 (Through numbers) C \_\_\_\_\_ Canceled      A \_\_\_\_\_ Appeal  
 + \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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